

Foster Family Home - Corrective Action Report

Provider ID: 1-130064

Home Name: Dy S. Malasan, CNA

Review ID: 1-130064-5

91-927 Ahona Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 4/13/2018

End Date: 4/13/18

Foster Family Home

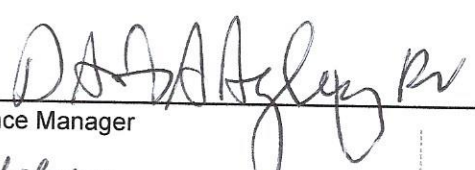
Required Certificate

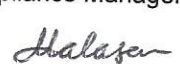
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 4/13/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

4/13/18
Date

4/13/18
Date